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PTC/SR/122 (09.04)

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Application Number CHANGE OF CORRESPONDENCE ADDRESS Filing Date Application First Named Inventor Art Unit Address to: Commissioner for Patents Examiner Name P.O. Box 1450 1230 Alexandria, VA 22313-1450 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR Firm or Gershon Individual Name Medical Address High Ridge Rd State City Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). Lam the:

executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
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Name Neil D. Gershon					
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NOTE: Signatures of all the inventors or assignees of record of the entire interest	or their representative(s) are required. Submit multiple				

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Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 32,225

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